



China, Gender Issues, Medical Philosophy and Measurement Scales

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Abstract

In this fourth issue of the *Journal of Religion and Health* for 2022, four key themes are explored: (1) religious and spiritual issues in China, (2) gender-related issues affecting communities, couples, women and men, (3) a multitude of philosophical perspectives regarding medicine, science, health and religion, (4) and an array of new or adapted religion/spirituality measurements and scales. Finally, we also recall and celebrate the life of former *JORH* Editorial Board member, Professor John S. Peale.

Keywords China · Gender · Medical and religious philosophy · Measurement scales · J.S. Peale

Introduction

With COVID-19 still simmering, two other global issues continue to challenge international security, namely the Russian invasion of Ukraine and the concerted effort of China to expand its dominance into the Pacific region. The focus of this issue begins with China—not with regard to COVID-19, nor their current Pacific strategy, but with respect to research relating to religion and spirituality.

Despite China formally declaring itself an atheist state, nevertheless, it officially recognizes five religious faiths (Buddhism, Taoism, Protestantism, Islam, and Catholicism). Yet China also has a myriad of other Chinese folk religions that (at least in terms of variety) would rival most other countries—despite, or perhaps in spite of, China being a communist atheist nation! (see Fig. 1). The articles in this issue resolve the question of whether religious/spiritual beliefs have an impact upon

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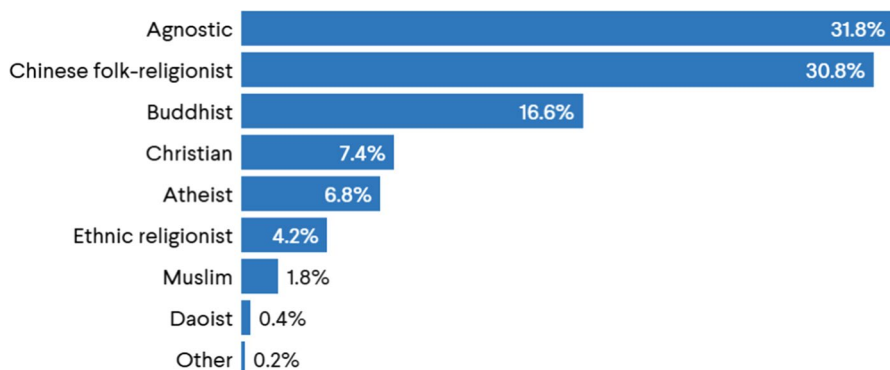


Fig. 1 Religious affiliation in China (WRD, 2020). *Source:* World Religion Database (WRD, 2020)

Chinese culture, health practices, and the economy. From these studies, it seems undeniable.

This issue presents research (1) exploring the meaning of spirituality and spiritual care in Chinese contexts, (2) a scientific analysis of health literature related to Taoism and Confucianism, (3) the influence of Confucianism on health behaviors, health outcomes, and medical decisions, (4) the health effects of religion, spirituality, and supernatural beliefs in mainland China, (5) natural versus synthetic drug preference in Chinese atheists and Taoists, (6) a loving-kindness and compassion meditation method developed from Chinese Buddhism, (7) whether religion matters for employment protection in Chinese private firms, (8) understanding suffering and emotion in Chinese earthquake survivors, and finally, (9) a psychometric evaluation of the Spiritual Perspective Scale among palliative care nurses in China.

Gender Issues

In a previous issue (*JORH* 60:3), research and concerns relating to sex, gender, and women's health were explored (Carey et al., 2021a). This issue again comments on gender-specific concerns although the submissions are much broader commenting upon issues affecting (a) communities, (b) couples, (c) women, and (d) men.

This section discusses: (1) gender differences in forgiveness and its affective consequences, (2) denominational and gender differences in depression within the African American Christian community, (3) the cultural care needs of couples experiencing infertility in Turkey, (4) the ethical standards of Sunni Muslim physicians regarding fertility technologies that are religiously problematic, (5) underground gamete donation in Sunni Muslim patients, (6) religiosity and quality of life in older Christian women in Ireland, (7) the effect of listening to the recitation of the surah al-inshirah on labor pain, anxiety and comfort in Muslim women, (8) the opinions and experiences of Muslim pregnant women about fasting in Turkey, (9) religion, health, and life satisfaction among Somali and Gambian women in Norway, (10) the effect of religious attitudes on anxiety and psychological well-being in at-risk

pregnancies in Turkey, (11) a poetic inquiry into the privacy of the ‘inner worlds’ of African closeted queer clergy, (12) clergy-perpetrated sexual abuse in Ghana, (13) conservative religiousness and health for sexual minorities, (14) a culturally distinct framework for understanding the link between spirituality and health for Black men of sexual minority, (15) religiosity, conversion therapy and psychosocial health problems among sexual minority men in Nigeria, and (16) factors challenging the spiritual rehabilitation of Iranian men affected by natural disasters.

Medical Philosophy

A small collection of articles in this issue present topics that relate to the philosophy of medicine. One of course could argue, that any and all articles discussing various theoretical health concepts, clinical research, or practice within the field of health sciences can have relevance for the philosophy of medicine. This collection challenges contemporary thinking about both medicine and religion.

The various topics consider: (1) medicine and Thomas Wolfe’s spirituality and the meaning of life, (2) cryonics: science or religion, (3) religious, philosophical and medical perspectives on the quest for immortality, (4) religious perspectives on manipulating the genome, (5) an Islamic juristic perspective on medical confidentiality, (6) North American surgeons’ perspectives on faith-based and academic initiatives, (7) the negative religiousness-IQ relationship based on individual-level data dispelling the myth of the “stupid believer,” (8) meanings of “the existential” in a secular country, (9) a Thomistic perspective on risk science in social welfare, (10) social, cultural, and religious collision related to the 1888 “baby riot” in Seoul, Korea, (11) the image of disease in religious, medical–astrological and social discourses, (12) a follow-up examination of the religious beliefs about HIV/AIDs, and lastly, (13) Rudolf Allers’s psycho-ethical-metaphysical approach to character and self-improvement.

Measurement Scales

The *Journal of Religion and Health* is often a preferred journal for publishing validated scales relating to religion, spirituality, and faith. As noted in two previous issues of *JORH* (60: 1 and 60:5), “The variety and utilization of instruments for considering religiosity and/or spirituality are increasingly diverse” (Carey, 2021; Carey et al., 2021b). This is also evident by the scales published this month in *JORH*. What is clearly noticeable is the improved quality of submissions given the publication of Koenig and Al Zaben’s (2021) instructional article titled: *Psychometric Validation and Translation of Religious and Spiritual Measures* (*JORH*, 60:5). As Koenig and Al Zaben’s method becomes more commonly used, the integrity of religion/spirituality scales can only improve.

This section commences with a scale focused on moral injury which was previously noted in *JORH* (57:1). Moral injury subsequently became a special topic within *JORH* (60:5). This month’s issue includes (1) a replication of the psychometric properties

of the Moral Injury Symptoms Scale—Military Version—Short Form (MISS-M-SF), which is followed by (2) the development and validation of the ‘Religious Secular Intolerance Scale for Muslim Adults’ in Pakistan, (3) the ‘Semantic Differential Scale for Studying Attitudes Toward Menstruation’ among Roman Catholics in India, (4) the ‘Persian Version of the Personal Meaning Profile in Iran,’ (5) the ‘Persian Version of the SpREUK-P Questionnaire’ for measuring the importance and frequency of spiritual/religious practices in Iranian patients with chronic gastrointestinal diseases, (6) the ‘Tawakkul Scale for Muslim Adults’ in Pakistan, (7) the ‘Brief Multidimensional Measure of Religiousness and Spirituality’ in the U.S. and India, (8) the ‘Daily Spiritual Experiences Scale’ among Black gay, bisexual, and other sexual minority men and Black transwomen, (9) the ‘Atheist Identity Concealment Scale,’ and finally, (10) the Danish 20-Item Spiritual Needs Questionnaire.

In Memoriam: Rev. Prof. John S. Peale (1937–2022)

Finally, in this issue, former *JORH* Editor-in-Chief, Rev. Curtis Hart, has kindly written a memoriam with respect to Rev. Prof. Dr. John Stafford Peale.

John Stafford Peale was a long-time Editorial Board member and staunch supporter of *The Journal of Religion and Health*. John died on April 22, 2022, in Charlottesville, Virginia. He was eighty-five. He lived in Charlottesville and was a retired professor from Longwood University where he taught for many years. He is survived by his wife Lydia Woods Peale, his children, and grandchildren. John was connected to the *Journal* not only through his scholarly efforts but also through his relationship to his father Norman Vincent Peale who was instrumental in the creation of what is now the Blanton-Peale Counseling Institute. Blanton-Peale was located at Dr. Peale’s Marble Collegiate Church in New York City that was the site of the founding of *The Journal of Religion and Health* in 1961.

John was a person with wide-ranging interests extending to all manner of things Chinese. He was a graduate of Washington and Lee University, Boston University, Union Theological Seminary, and the University of North Carolina. This last affiliation stimulated his becoming a devoted fan of the Carolina Tar Heels basketball team. John’s honesty and forthrightness were portrayed in his memoir written in 2012 entitled, ‘*Just How Far From the Apple Tree?: A Son in Relation to His Famous Father*’ (Peale, 2012). It describes his challenging relationship with his famous minister father with whom he shared not only a common family bond but also ordination in the Reformed Church in America. Writing the book brought John a measure of inner peace. It illustrates just how far this deeply humane and highly gifted man had traveled in his life’s pilgrimage. The *Journal* acknowledges his enduring contribution and mourns his loss.

Call for Papers

The *JORH* Editors welcome submissions regarding ‘Chaplaincy,’ ‘Judaism’ and/or ‘Suicide.’ Researchers who would like to make submissions on these topics, please email one of the Editors as soon as possible. Submissions are made through the

Editorial Manager on the *JORH* web site: <https://www.springer.com/journal/10943/submission-guidelines>.

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Declarations

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